	n of Health Service R ENT OF DEFICIENCIES	egulation		FORM): 07/17/2(APPROV		
ANO PLA	AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIF A. BUILDING	PLE CONSTRUCTION 3: 01	(X3) DATE SURVEY COMPLETED		
fc1041078		B. WING					
WAVE OF	PROVIDER OR SUPPLIER	STREET AL	ODRESS CITY	STATE, ZIP CODE	06/2	4/2015	
EMANU	EL HOUSE ASSISTED	1030 AL	AMANCE CO	STATE, ZIP GODE			
		GREENS	BORO, NC	27406			
(X4) II) PREFIX	SUMMARY STA	EMENT OF DEFENDENCES	10				
TAG		MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION & CROSS-REFERENCED TO THE A DEFICIENCY)	LIOTH in sign	(XII) COMPLETE DATE	
C 000	Initial Comments		C 000				
	dorie by Bob Getone			CONSTRUCTA AUG X o			
Į.	This facility was first	licensed as a FCH facility for		- ONSTRUCTI	ONeron		
	· · · · · · · · · · · · · · · · · · ·	CORPORATE AND A CONTRACT OF THE CONTRACT OF TH		RECEI	OECTION!		
	ALCOUNTY WITHOUT	any physical or verbal ire or other emergency) on		100 19	2015		
	YMY YV, ZUUS, Basar	1 On this we are requisited at		RECE			
	manne of he in compli	SDCO With the 200E Dute (-CEI	VEN		
	TOWN HOME 13G IDE II	MR LICENSIDE of family care	1		-0		
	ouliding Code; Section	North Carolina State on 421.2 Residential Care		7 1			
- 11	Home's.	residential Care					
1	Deficiencies were not plan of correction.	ed which will require a new					
C 101 E	Existing Licensed-No	Less than '71 Rules	C 101				
18	ECTION .0300 - THE	BUILDING					
- 1	UA NGAC 13G .0301	APPLICATION OF			ſ		
1.5	HYSICAL PLANT RE	QUIREMENTS					
C	are home shall be ap	uirements for each family				- 1	
1 (2	 Except where oth 	Brwise specified evicting	1				
1 100	sensen ubmes or bou	1008 of existing licensed			-	Í	
110	umes anaw meet licer	Sure and code		1	i		
ch	lange in service or be	at the time of construction,	1		- 1	- 1	
re	novation or alteration	however in no code shall		E		- 1	
UI	o requirements for an	IV licensed home where					
1110	an those requirement	n has been made, belown				- 1	
IV	linimum and Desired	Standards and	1			- 1	
Re	egulations" for "Famili	Care Homes" copies of					
, wt	iion are avaliable at t	te Division of Heath			,		
Ba	whour Drive Relaist	North Carolina 27503 at					
1110	COST	morini Carolina 27603 at	1			1.	
of Health	Service Regulation	JPPLIER REPRESENTATIVE'S SIGNATU				ľ	

(XII) DATE 08/19/2015

Nikita blakeney-Williams Osomer

DTF221

TE FORM

If continuation sheet $\,2$ of \bar{a}

Divisio	n of Health Service R	Regulation				PRINTE	D: 07/17/20
	N OF CORRECTION	(X1) PROVIDER/BURGLICOUS	la Lorn	Minaro		FORM	APPROV
		IDENTIFICATION NUMBER	g. [()	MULTIPLE	CONSTRUCTION	OX30 DAT	ESURVEY
		1	10.00	ALDING: (01	COM	PLETED
-		fel041076			,		
NAME OF	PROVIDER OR SUPPLIER		B. W	NG			
		STR	EET ADDRESS.	CITY 81	ATE, ZIP CODE		24/2015
EMANUE	EL HOUSE ASSISTED	LIVING 103	O ALAMANO	ECOU	DT CODE		
(X4) ID		GRI	ENSBORO,	NC 27	408		
PREFIX	(EACH DEPICIENCY	TEMENT OF DEFICIENCIES					
TAG	REGULATORY OR LE	MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PRE		PROVIDER'S PLAN OF CO	RRECTION	(XS)
		0.1010/11/010)	TA	G	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	APPROUED BE	COMPLETE
C 101	Continued From pag	10.1			DEFICIENCY)	NEWNORM	DATE
	pag	je i	C 10	1			
1	This are a		- 1	- 1			
	This Rule is not met	as evidenced by:	.]	ĺ		1	
r	 Delette on observe 	Stirum Here bereitster er	m	l		1	
			ie .				
-	Rules in effect when	first licensed .			'		
	Findings Include:					[
[-	There is no best do:		1	1.3		- 1	
1.6	he attic	: ector or sounding device in	,			1	
,	are witte		1	- 1			
12	Based on observe	d	1			1	
- in	ODRES Were not maint	tion, the building sleeping	- 1			1	
'n	ith the Rules in affice	ained safe in accordance when first licensed.	1	- 1		(
	and trained at 61160	when first licensed.	1		-		
F	indings include:		1	-		ĺ	
, Т	he staff bedroom bas	no window or door for	1	- 1		- 1	
e	gress directly to the o	on window or door for outside of the building in a	i	1			
er	nergency	arrespe of the building in a	n	- 1	,		
- 1	. ,		- 1				- 1
: 136 Ba	athroom-Nonskid In T	Dub/Shamma	- 1			į	- 1
	TO NAME OF THE PARTY OF THE PAR	unshowers	C 136			1	1
SE	ECTION .0300 - THE	BHII DINO		1		Į	- 1
1 10	MINUAU 13G 0300	PATHOMONA	1	1			ł
1.19	NORSKIO SURfacing /	or string mount by a comment				1	- 1
in:	showers and bath are	eas,					- 1
			1	1		-	- 1
Th	is Rule is not met as	evidenced by:	1	1 .			- 1
1.	Deservation	O the bothroom of				1	- [
floo	or was not maintained	safe.	1)	
Fin	elle a a i e d			1			- 1
The	dings include:			1 1		j	- 1
Dree	right shower has no vention	mat or strips for skid	1				- 1
pre	vontior)	, .		1 !	!	1	
ا م اديا	-14.		1			.	1
143 Cor	ridor-Free of Obstruc	tions	C 143	1		1	
- 1			0 143				
SEC	TION .0300 - THE B	UILDING		l		1	
10A	NCAC 13G .0311 /	CORRIDOR					- 1
(C)	Corridors shall be fre	se of all equipment and		1		f	
f Health S	ervice Regulation	,,					- 1

DTF221

Divisi	on of Health Service F	Regulation		-			PRINTEI	D: 07/17/20: 1APPROVE
AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		front is	(X2) NULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED		
hicken o		fcI041076	B. Will	liG				
	OF PROVIDER OR SUPPLIER	STRE	ET ADDRESS	CITY ON	ATE, ZIP CODE		06/2	24/2015
EMAN	UEL HOUSE ASSISTED	LIVING 1030	ALAMANCE	E COUR	T			
(X4) Ib PREFIX		GRE	ENSBORO,	NC 274	06			
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	PREF TAG	ix i	CROSS-REFERENC	LAN OF CORRECT! IVE ACTION SHOUL ED TO THE APPRO		COMPLETE
C 143	Continued From pag	ge 2	C 143		DE	FICIENCY	101/12	DATE
	other obstructions.	,		ĺ			1	
	This Rule is not med 1. Based on observe maintained in a safe obstructed.	as evidenced by: ation, the facility was not manner by having corridor	s					
	Findings include: a) The kitchen corrid egress, is blocked by could prevent egress	or door, in the path of locking hardware which in an emergency.			I			
	could prevent egress	corridor door, in the path of locking hardware which in an emergency.						
C 152	Floors		C 152	1				
s t 0	10A NCAC 13G .0314 (a) All floors in a famismooth, non-skid mate to be easily cleanable. b) Scatter or throw ru c) All floors shall be it	ly care home shall be of trial and so constructed as						
	his Rufe is not met as . Based on observation of maintained safe and	e evidenced by: on, the building floors were d present a trip hazard.						
fo fo a) b) c)	indings include: here are damaged floo flowing locations: Living room floor has The Dining room floor	or coverings in the		11 A 11	ţ			
	e Extinguishers		C 168		- 1			
of Health	Sarvice Regulation						i	- 1

tion of Health Service Regulation TE FORM

DIVISION	of Health Service R	Regulation			į	PRINTE	D: 07/17/20
AND PLAN	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/81/2014 PROVIDER	- Carrie			FOR	MAPPROV
	- TONGO	IDENTIFICATION NUMBER:	(AC2) N	ULTIPLE	CONSTRUCTION	Con Dec	
		1	A. BU	ILDING: 0	1	CON	E SURVEY PLETED
		fcl041076	1			1 00,	FLATED
NAME OF	PROVIDER OR SUPPLIER	701041076	B, WIN	103		- 1	
		STREE	TADDRESS	Olfu and		06/	24/2015
EMANUE	IL HOUSE ASSISTED	LIVING 1030	A AAAA NOO	CHIY, STA	TE, ZIP CODE		
		OBLE	LAMANCE NSBORO,	COUR	Т		
(X4) ID PREFIX	SUMMARY STAT	TEMENT OF DEFICIENCIES	TOBORO,	NC 274	06		
TAG	REGULATORY OR L	FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SO IDENTIFYING INFORMATION)	PREF		PROVIDER'S PLAN OF CORR	ECTION	
		O'DENTIFYING INFORMATION)	TAG		(EACH CORRECTIVE ACTION SI	HOULD BE	(X5) COMPLETE
C 188	Continue				CROSS-REFERENCED TO THE AP DEFICIENCY)	PROPRIATE	DATE
0 700	Continued From pag	je 3	C 168		VE MENGTY		
- 1	SECTION .0300 - TH	JE BUILDING	U 108	1.			
	10A NCAC 13G, 031	6 FIRE SAFETY AND		- / i			
- 11	DISASTER PLAN	FIRE SAFETY AND		- / '		1	
	(a) Fire extinguished	re when to	1				
1	neet these minimum	rs shall be provided which requirements in a family] '			
10	are home:	requirements in a family	1	1			
. (1) one five pound a	r larger (net charge) "A-B-C	. [ļ	
			"	1.1	i		
1.0	one five pound of	Flormer FA D. On	1	11	!	- 1	
1 12	N.A. MANGENERS WILLIAMS KIND	Man and		-10			
1.45	기 형면서 Other location	as determined by the code	1				
9	nforcement official.	as determined by the code	1			1	
pr sa no		is evidenced by: ion, the building fire was not maintained in a uld affect all residents by on equipment operable for				.	
Eh	heliman to a to a					- 1	- 1
Th	ndings include:	M - M					- 1
ind	icate that required in	the fire extinguishers conthly checks are not		ĺ			- 1
be	ing performed per NF	contray checks are not		1		1	- 1
	Transmer por re-	17.10			1	[- 1
174 Buil	iding Equipment No.			1		- 1	
	e	ntained Safe, Operating	C 174	1	*		- 1
	CTION .0300 - THE			1		- 1	- 1
104	NCAC 13G .0317	BUILDING SERVICE		1		i	- 1
-	O 11 /VIII[18]					P	- 1
(a)	The building and all	fire safety, electrical,				i	- 1
1111111	armoon, and pidming	Of ACTUAL OF COMPANY AND AN ARCHITECTURE		1 :			. [
1	ou no ough ne main	dained in a cota and			1	1	
(460	aurigi condition.						
0	This Rule shall apply	to new and evicting	i	:			- 1
fami	ly care homes.	and existing					
		1				ĺ	- 1
This	Rule is not met as e	videnced by:					
1. B	ased on observation	, the porch guardraits				1	1
	ander Regulation	Paran Banifuldita	- 1			1	- 1

STATEM	n of Health Service R ENT OF DEFICIENCIES	egulation				,	FOR	D: 07/17/2
AND PLA	N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) Min 20	DI C	000000	_	FOR	"ALLKO
		JUENTIFICATION NUMBER:	A. BUILDIN	G: 01	CONSTRUCTION		(X3) DAT COM	E SURVEY
		fcl041076	R MWO					
MME OF	PROVIDER OR SUPPLIER			_		- 1	06/	24/2016
		STREETA	DORESS, CITY,	ATB,	TE, ZIP CODE		-00	24/2015
	EL HOUSE ASSISTED	LIVING 1030 AL	AMANCE CO	DUR	T			
(X4) ID PREFIX	SUMMARY STAT	EMENT OF DEFICIENCIES	BORO, NC	274	06			
TAG	REGULATORY OR LS	MOST BE PRECEDED BY FULL CIDENTIFYING INFORMATION)	PREFIX TAG		CROSS-REFERENCED TO THE			(XS) COMPLET DATE
C 174	Continued From pag	e4	0.171	├-	DEFICIENCY)			3000
	were not maintained		C 174					
j		adie,		1				
1	Findings include:							
	The back porch guar left end,	drail has broken loose on the	A SULDING OF A SULDING OF A SULDING OF STREET ADDRESS, CITY, STATE, ZIP CODE 1030 ALAMANCE COURT GREENSBORO, NC 27406 SECURIOUS BY FULL OF INFORMATION) PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY C 174 C 174					
	Based on observa components were not	tion, the building exterior maintained.		ĺ				
4	Findings include:			!	:			
	The wood on the 2	hou windown in the c						
			- 1				1	
1.5) The wood soffit on	the back of the house is						
	A10011		1				ĺ	
s	hutter	ce drop has pulled loose s being supported by a	.			,	ĺ	
-	William (Si	oulling loose from the						
pi pi	The electrical disco- ulting loose from the b	nnect for the HVAC unit is					-	
3,	Based on observation Emponents were not n	on, the building plumbing naintained safe.			İ			
Fi	ndings include:			÷				
Th	e back left bathroom	has a toilet coming loose					ĺ	
fro	m the floor	- Crimity Invost	ĺ	1				
4	Based on changes	- 11		-				- 1
11.0	ייש ממחושון וושוויו זעיי איי	Strainle Park benedica a de e e e						
21.10	it did not close completed affect a residents	etely and lotely. This is			1			
	dings include:			1				- 1
The	following doors have	iscuse:	-					ł
	The best date	100405.						- 1
(8)	i ne pack right bédroo	m door scrube from a	4					
(8)	The front right bedroo	m door scrubs frame, m door has no door knob	1				İ	

STATEM	on of Health Service R	equiation			PRINT	ED: 07/17
AND PLA	IN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(Value of the second		FO	M APPR
		IDENTIFICATION NUMBER:	(Az) MULTIP	LE CONSTRUCTION		
		1	A. BUILDING	01	(X3) DA	TE BURVEY
_		fcl041076	1		000	MPLETED
NAME OF	PROVIDER OR SUPPLIER	101041076	B. WING		- 1	
EMANU	EL HOUSE ASSISTED	RIMEELY	ADORESS, CITY, &	STATE, ZIP CODE	06	/24/2015
	HOUSE ASSISTED	CITING 1000 AC	AMANCECOL	ID v		
(X4) ID	SIMMATIN	GREENS	BORO, NC 2	Tana		
PREFIX	(EACH DEFICIENCY		- 5710, 140 2	7406		
TAG	REGULATORY OR LS	EMENT OF DEPICIENCIES MUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION)	Description	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION)		
		TOTAL PROGRAMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	RECTION	030
C 180	Continue		1		APPROPRIATE	COMPLE
	Continued From pag	e 5	1	DEFICIENCY)		STAD
C 180	Building Service Equi		C 180			
- 1	- Printing Service Equi	pment-Call System	10000			
	QEOTION .	-, -, -, -, -, -, -, -, -, -, -, -, -, -	C 180			1
ĺ	SECTION .0300 - TH	E BUILDING	1	•		1
	TUM NUMU 13G 0317	BUILDING SERVICE	-	r		
- 1	EQUIPMENT	SULDING SERVICE				
- 10	(f) Where the hadron	om of the live-in staff is			i	
					1	
			1	i		
İs	hall be provided connection to the live in	ally operated call system		1 .	[
b	edroom to the live in	ecting each resident	[1		
			- 1	1	- 1	
			- 1			
	arr be activated with a	single action and remain	1			
10	n until deactivated by	staff. The call system	1		,	٠.
a	ctivator shall be within	starr. The call system reach of resident lying on	- 1			
l hi	s bed.	resident lying on				
! (0)	This Rule shall ann	y to new and existing	1		i	
fa	mily care homes.	o to new and existing			1	
- 1			1		1	
(T)	lis Rule is not met as	mudalana a 14			i	
1.	Based on observed	evidenced by:	ſ		- 1	
m	aintained operable.	n, the call system was not	1		j	
1	operable,					
EM	lings include:	· . [f		- 1	
The	mga mclude:		1			
110	e call system is not we	Orking.	1		í	
1		-	1 .		. 1	
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	rvice Regulation			T T	4	